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ABSTRACT

Through a review of the literature on art therapy, a discussion of the strengths and limitations of the arts and art therapy for young children, and a survey of various techniques and uses of art therapy, this paper examines how children translate their perceptual world into their drawings. The paper notes that art therapy is, primarily, a means of fostering the development of a sense of identity and promoting maturation in general. It is both an essential component of the therapeutic milieu and a form of therapy which complements or supports psychotherapy but does not replace it. The paper recommends that, when working with children and their drawings, counselors need to help children verbalize their thoughts and feelings about the content of the pictures. Contains 30 references. (MDM)

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ART THERAPY FOR YOUNG CHILDREN

A Review of the Research and Literature

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INTRODUCTION

The idea that self expression through art is good for people and especially for unhappy people has been widely accepted. Social workers, counselors, family doctors, psychologists, and psychiatrists have advised their troubled clients to find solace and satisfaction in art (Kramer, 1971).

Art therapy is, primarily, a means of fostering the development of a sense of identity, and promoting maturation in general. Art therapy is both an essential component of the therapeutic milieu and a form of therapy which complements or supports psychotherapy, but does not replace it (Kramer, 1971).

Art therapy may bring about personality changes in children. When a disturbance has been caused by a traumatic event, such as, a divorce between the child's parents, a death in the family, or child abuse, to name a few. Symbolic expression in art may help a child master the experience with or without intervention.

Most children like art. The making of visual images is differentiated from the playful experimentation with art materials that precedes it, roughly between the ages of three and five years (Kramer, 1971). Art is accessible and emotionally satisfying to a far greater number of people than at any other time of life, and it seems to have special value.

STATEMENT OF THE PROBLEM

The purpose of this paper is to examine how children translate their perceptual world into their drawings. The review will present the literature, examine the background and information about the development and contributors of art therapy, discuss the strengths and limitations of the arts of art therapy for young children, and survey various techniques and usages of art therapy. The primary purpose is to present key issues about how children can benefit from art therapy through their artwork (i.e., of drawings).

DEFINITIONS OF KEY TERMS

To facilitate interpretation of information presented in this paper, the following terms and phrases have been defined.

ART- Any human ability or specific skill applied to making creative works: Painting, drawing, etc. (Webster's Dictionary, 1989).

Art also refers to the constructive acting of impulses. Because art is natural and pleasurable, it enhances skills in concentration, perseverance, and precision in symbolic representation. For this reason, art maybe useful when other techniques have failed (Thakur, 1982).

ART THERAPY-Refers to understanding and helping a person through art, and that it encompasses a wide variety of dimensions (Rubin, 1984).

Art therapy also refers to a way of helping people to deal with both inner and outer realities. It is recognized as a valuable diagnostic as well as treatment tool (Rubin, 1979).

DRAWINGS-Refers to investigated normative development of human figure drawings from childhood through adolescence and related drawing maturation to intellectual development (Burns, 1987).

DRAW-A-PERSON-Technique utilized to represent the expression of self, or the body, in the environment through a child's drawing (Burns, 1987).

HOUSE-TREE-PERSON-Technique utilized in art therapy base on a child's drawing of a house, tree, and a whole person, under specific conditions (Burns, 1987).

KINETIC FAMILY-Technique utilized in art therapy base on a child's drawing of his immediate family in action under specific conditions. The addition of action to the drawings produced more meaningful and revealing data related to the self within the family matrix (Burns & Kaufman, 1970).

AKINETIC-For the purpose of this paper, akinetic refers to art therapy techniques which involve the presentation of a figure or figures who are not engaged in any action (Burns & Kaufman, 1970).

KINETIC-For the purpose of this paper, kinetic refers to art therapy techniques which involve the presentation of a figure or figures who are engaged in some action (Burns & Kaufman, 1970).

YOUNG CHILDREN-(Early childhood) For the purpose of this paper young children refers to children between the ages of two years to age eight. According to Bredekamp (1990), young children's ages range between birth to age eight.

HISTORY AND CONTRIBUTORS OF ART THERAPY

Historically, artists and educators combined their skills with the study of the Freudian psychoanalytic theory and practiced art activities which eventually acquired the name of art therapy. Their therapeutic means were limited to the use of crayons, pencil, paints, and clay. Their work evolved towards the use of standardized tests and interpretation of unconscious meaning and of graphic symbols in art production (Buck, 1966).

Florence Cane and Margaret Naumberg were two of the first art teachers to develop techniques to combat blocking and stereotyping by setting up situations that precluded intellectual planning and facilitated the relaxation of defenses. Cane encouraged movements that engaged the whole body in the act of drawing; projection of images; concentration on memories and inner experiences. Naumberg focused mainly on the interpretation of unconscious meaning and of graphic symbols in art production (Kramer, 1971).

The acceptance of affect, mood, and private fantasies as subjects for artistic expression opened the way to art work that did not necessarily portray a recognizable object. These approaches that led toward greater self-awareness were particularly helpful in work with those emotionally disturbed individuals who were too preoccupied with their acute conflicts and obsessions, too locked up in their private world and to be receptive to impressions and stimulations from the outside (Kramer, 1971).

During the first decade of this century, publications appeared in France pertaining to the art of the mentally deranged. Working more specially with emotional disturbance in the young, Rouma showed how spontaneous drawings could be used in studies of emotionally disturbed children and how the drawings might reveal genesis of the disorder (DiLeo, 1973).

In 1926, Florence Goodenough published Measurement of Intelligence by Drawings. To facilitate measurement, the child was asked to draw a person, and the drawing was scored for mental age. The scoring was dome by adding up the points given for inclusion of parts such as the head, arms, and feet. The Goodenough Draw-A-Person Test quickly became an accepted and widely used psychological test of intelligence (Burns & Kaufman, 1970).

In 1948, John Buck introduced the House-Tree-Person Technique. This technique involved the child in the drawing of a house, a tree, and a person, after which clinical interpretations of the drawings were made. The test aided clinicians in obtaining information concerning the sensitivity, maturity, flexibility, and degree of personality integration, though analysis of the person. The house and tree provided additional information concerning the growth (tree) and environmental feelings (house) of the child. The House-Tree-Person Test was one of the first uses of human figure drawings as psychological projective tests (Burns & Kaufman, 1970).

In 1947, Karen Machover, published the book, Personality Projection in the Drawing of the Human Figure. This book set the stage for qualitative assessment of the drawings as indicators of emotional conflict. Her studies indicated that if the results of the Draw-A-Person Test and the child's intellectual capacity did not coincide, that the reason for the discrepancy was to be sought either in an intrinsic neurological dysfunction or in extrinsic factors that had adversely affected the child's emotional life (DiLeo, 1973; & Burns and Kaufman, 1970).

Some of the characteristics that Machover interpreted included shading in a drawing, which suggested preoccupation, fixation, and anxiety. An emphasis on buttons suggested dependency and orderliness, which often reflected a child's concern or need for a structured environment. The pressure on the crayon or pencil used by the child, suggested an outward or inward direction of impulse. The depressed person pressed lightly while the aggressive acting out individual used excessive pressure (DiLeo, 1973; & Burns and Kaufman, 1970).

All of the aforementioned psychological tests and concepts used akinetic instructions in that children were asked to draw a person or a house, or a tree. While used information was obtained, Burns and Kaufman (1970), believed that akinetic instructions usually resulted in relatively static, rigid drawings. Their approach in using kinetic instructions, which involved asking the child to produce a drawing where figures were moving or doing something, were found, by them. This was

essential to produce much more valid and dynamic material in the attempt to understand the psychopathology of children in a family setting.

The validity of drawings as expressions of intellectual maturity has been demonstrated by numerous investigators who have reported statistically significant correlations with the Stanford-Binet and Wechsler Intelligence Scale for children (Kramer, 1971).

In addition, Abraham Maslow established a working developmental model defining levels of growth. As applied to projective drawings, the model includes the following levels or "need hierachy" (only five out of seven levels are used to demonstrate Maslow's Model pertaining to the Kinetic-House-Tree-Person):

Level 1: Belonging to life: Desire for life, survival, safety, rootedness.

Level 2: Belonging to body: Acceptance of body; seeking control of body addictions and potential.

Level 3: Belonging to society: Search for status, success, respect and power.

Level 4: Belonging to self and not self: Self now defined to include not-self as a pregnant woman accepts her child; compassion, nurturing, giving love; meta motivation.

Level 5: Belonging to all living thisngs: Giving and accepting love; self actualization; sense of good fortune and luck; creativity; celebration of life (Burns, 1987).

In general, Burns (1987) analysis of the K-H-T-P Test suggested that the house represents the physical aspects of our life. The tree symbolizes the life energy and direction of energy. The person symbolizes the director.

MAJOR ISSUES OF ART THERAPY

Techniques and Usages of Art Therapy

Most young children have usually expressed themselves more naturally and spontaneously through actions rather than through words. Thus, figure drawings have provided a method of exploring the world of the child. Drawing tests have been simple to administer, nonthreatening, and could be used where other techniques were limited by such factors as language barrier, cultural deprivation, and inability to communicate (Burns & Kaufman, 1970).

A) Kinetic Family Drawing Technique

The Kinetic Family Drawing Technique proposed a set of instructions to the child, namely "to draw everyone in the family doing something". Burns and Kaufman (1970), developed this technique in 1960 and have found it to be more informative than drawings obtained by the traditional akinetic instructions.

Procedures-According to Burns and Kaufman (1970), these drawings are obtained from children individually, not in group sessions. The child is asked to seat him or herself on a small chair, at a table of appropriate height. A sheet of plain, whit 11" by 8½" paper is placed on the table directly in front of him. A number 2 pencil is placed in the center of the paper and the child is asked to:

> "Draw a picture of everyone in your family doing something. Try to draw whole people, not cartoons or stick people. Remember make everyone doing something...some kind of action" (p. 19).

The examiner then leaves the room and checks periodically. The situation would be terminated when the child indicates verbally or by gesture that he had finished. No time limit would be imposed. Non-compliance can be extremely rare. If a child indicates that he can not do it, he would be encouraged frequently and left in the room until completion of the Kinetic Family Drawing (K-F-D) (Burns & Kaufman, 1970).

The analysis of the K-F-D would be focused on the action or movement rather than the inert figures. Certain styles and actions would appear on a recurring basis and would be attributed with particular meanings. Some characteristics of K-F-D's and their meaning are included (Burns & Kaufman, 1970).

Styles- Compartmentalization; Where children put each member in a separate box on the paper, rather than having them interact with one another. This could be a sign of a child's attempt to isolate him or herself and his feelings from the rest of the family. Underlining; drawing a line across the bottom of the page, could be a characteristic of children from unstable families.

Actions- Cooking is the most frequent action of a mother in K-F-D's, and reflects a mother figure who meets the child's nurturant needs. When the child portrays his mother cleaning, the mother is found to be compulsive and more preoccupied with the house than with the people in the house. Cleaning becomes equated to accepted or good behavior. The overly involved mother, who tries too hard to give her child warmth, is often pictured as ironing .

Frequent activities of fathers include reading the paper,

paying the bills, and playing with the children. Fathers who are pictured driving to work are usually thought of in terms of abandonment or being outside the family, rather than an integral part of the family. Activities such as, mowing the lawn, chopping or cutting are seen when the fathers are tough and castrating figures to the child.

Rivalry, usually depicted as a force or action between members of the family, include the throwing of a ball, a knife, or an airplane. They were also found in the pictures of highly competitive, jealous children.

B) House-Tree-Person Technique

The present form of the House-Tree-Person Technique (H-T-P), developed by John Buck, evolved through more than 25 years of study and clinical application. In 1938, freehand drawings of house, tree, and person were sought only because it had been discovered that withdrawn subjects tended to respond more freely to interrogration; while actively engaged in drawing these objects. It was found clinically useful to take advantage of this 'pencil-release' factor to facilitate verbalizations on the subject's part (Buck, 1966).

The objects of house, tree, and person were chosen for various reasons: They were familiar items or concepts, even to very young children; accepted for drawing by subjects of all ages and types than were other suggested objects; and they appeared to stimulate more open and free verbalizations on the subject's part.

Procedures- The H-T-P Technique is a two phased, four step

clinical approach to meaningful analysis of the total personality. In phase one, the first step in testing is nonverbal, creative creative and almost completely unstructured. The medium of expression is the freehand, pencil drawing of a house, a tree, and a person. The second step is verbal and more formally structured. In this step the subject is given an opportunity to describe, to define, and to interpret his drawn objects and their respective environments, and to associate concerning them.

In phase two, the first step again involves the freehand drawing of a house, a tree, and a person. This time the subject will use crayons. The second step provides the subject with the opportunity, in a more limited fashion; meaning, to describe, to define, and to interpret his chromatic drawings, and to associate concerning them with their respective environments (Buck, 1966).

The examiner will need two H-T-P drawing forms, each of which are white, 7" by 8½" paper (divided into 4 parts). The first page will provide the subject's name and date of examination; House will be printed at the top of the second page, Tree will be printed at the top of the third page, and Person printed at the top of the fourth page. The examiner will provide the subject with several number 2 pencils with erasers and a set of crayons that include the colors: red, green, blue, yellow, brown, black, purple, and orange.

According to Buck (1966), The examiner will present the subject with the drawing form sheet folded so only the second page is visible with the word House at the top of the page.

The examiner will tell the subject:

> "Take one of these pencils, please. I want you to draw me as good a picture of a house as you can. You may draw any kind of house you wish, it's entirely up to you. You may erase as much as you like, it will not be counted against you. And, you may take as long as you wish. Just draw me as good a house as you can" (p. 18).

If the subject protests that he is not an artist, the examiner will assure him that the H-T-P is not a test of his artistic ability, and that he is not interested in his drawing ability. If the subject asks for a ruler the examiner will tell him the drawings must be freehand.

The examiner will then, in turn, ask the subject to draw as good a tree and as good a person as he can, presenting the appropriate page of the drawing form to the subject in each instance.

After the subject has completed his drawings, the examiner will proceed to give the subject an opportunity to define, describe, and interpret the objects drawn, and their respective environments and to associate concerning them. There are approximately 60 questions in the post-drawing interrogation. Those pertaining to the House will have the letter H preceding them, those dealing with the Tree, a T, and those with the Person, a P will be preceding them.

An example of some of the questions might include: House drawings; What is that house made of? Is that your own house? Or whom would you like to have live in that house with you? Tree drawings; What does that tree make you think of, or remind you of? Is it a healthy tree? Or is it a strong tree?

Person drawings; Is that a man or a woman? Or is that a boy or a man, or girl or woman? Who is he? Or what is he thinking about? (Buck, 1966).

Phase two is carried out in a similar fashion, except that crayons are introduced and the use of the colors are noted. The post-test interrogation is considerably shorter and involves as few as 24 formal questions (Buck, 1966).

At this point, the session is declared over and the subject is excused. The drawings are then subjected to close scrutiny. This will involve the use of specific tables, charts to determine the meanings prevalent in the drawings.

C) Draw-A-Person Test

The Draw-A-Person Test (D-A-P) has been widely accepted as a measure of intellectual maturity and constitutes an essential component of the psychologist's battery (DiLeo, 1973). The (D-A-P test was established in 1926, by Florence Goodenough. The drawing would be scored for mental age, by adding up the points given for inclusion of parts, for example, head, arms, feet, fingers, etc. (Burns & Kaufman, 1970). Akinetic (no action) instructions would be used for this technique, which usually result in relatively static, rigid drawings.

Procedures- The D-A-P technique, as well as the others previously discussed, are obtained individually not in a group session, especially for preschool children. The child is asked to seat him or herself at a chair, by a table. A sheet of plain, white 11' by $8\frac{1}{2}$" paper and pencil is placed on the table directly in front of him. The child is asked to: (Burns & Kaufman, 1970)

"Draw a picture of a whole person, any kind of person, no stick figures or cartoons" (p. 14

Karen Machover's book, Personality Projection in the Drawing of the Human Figure, published in 1949, discussed some of the qualitative aspects related to psychopathology in human figure drawings. Some of the characteristics of individual human figure drawings and their meanings were mentioned earlier in the text (History and Contributors section).

According to DiLeo (1973), he concluded that among the younger children, the Draw-A-Person Test and especially the Draw-A-Family Test are probably the most valuable of the projected techniques. They are not dependent upon the child's willingness or ability to give verbal expression to his emotional conflict. In the family drawing, one may see how the child feels himself to stand in relation to those who count most in his life.

Strengths and Limitations of Art Therapy

There are many reasons to employ the arts in therapy and counseling and some cautions to take, as well. Gladding (1992) and Rubin (1988 & 1984), have both expressed several strengths of the arts in therapy and counseling. Some of the major strengths are the following:

1. The arts help clients create and improve their self-concepts.
2. The arts enrich the lives of clients and therapists and counselors and help them see new facets of the world they may have previously missed. This new or renewed view of life is often energizing.
3. The arts help clients focus on what is troubling them and to gain direction. Through verbal and nonverbal means the dynamics of the various issues and concerns of the clients become clearer.
4. The arts are a natural way of conveying feelings and are socially acceptable. Emotions that are released through artistic expression are often therapeutic on many levels.

The limitations of using the arts in therapy and counseling are tied to the persons and processes involved. The major limitations presented by Gladding (1992) and Rubin (1988 & 1984) are the following:

1. The first drawback to using the arts is that some individuals resist doing anything that is creative

because they fear that artistic expression is only for the very disturbed.

2. The second limitation of using the arts is the ineffectiveness of them for persons who work as artists, who are concrete thinkers, or who are mentally disturbed. In such cases there is resistance and little insights is gained.

3. The third limitation of using the arts is they may be misused by unskilled counselors or therapist.

Hence, therapists and counselors must be aware of the limitations as well as the strengths of using the arts in counseling and therapy, in order for children (the clients) to receive the most out of their sessions and the world they perceive.

Schools of Thought

Anything created by someone, for example, a drawing, or a piece of sculpture is a nonverbal message from the creator about the inner self and that artist's world. One frequently suppress' the acceptance of children's work, because one assumes that children's pictures are "innocent"--freely expressed and totally devoid of any "hidden meaning" (Levick, 1986). Acceptance of the fact that children's art expressions do have meaning is the first step toward understanding how the art therapist works (Kramer, 1971).

The first component of art therapy is art psychotherapist collect additional information about the child, as to not indiscriminately draw conclusions from artwork alone (Levick, 1986 & Kramer, 1971).

The second component of art therapy is actual treatment--the use of art to help heal emotional stress. Among art therapists, there are two schools of thought-"Art as Therapy" and "Art in Therapy", which both emerged in the 1930's and 1940"s.

Levick (1986) and Rubin (1984) have both expressed the following: The "Art as Therapy" approach assumes that the very act of creating something artistic (including music and dance) is healing. Any expression of art can be a way to obtain pleasure, release tension, or express anger. The "Art as Therapy" approach emerged when a small group of artists began working with mental patients in hospitals and with problem children in residential treatment centers. Most of

these artists were invited into these settings by administrators and psychiatrists who believed that some form of art activity would be very beneficial to these patients. It was not very long before these artists were being called art therapists.

The other approach expressed by Levick (1986) and Rubin (1984) was the "Art in Therapy". This approach consisted of a different group of art therapists, who examined the drawings of disturbed children and adults for clues about what the patients were saying about themselves consciously and to elicit associations that would help the art therapist determine what the patients were saying about themselves unconsciously. The goal of these art therapists was very similar to the goals of psychoanalysts, who encourage patients to discuss dreams and childhood memories.

Levick (1986) and Rubin (1984) continued to express that many art therapists and other mental health professional s began to realize that the artist, whether the patient was a child or adult, normal or abnormal, produced images that could be associated to having dreams in a waking state. Helping the artist become aware of all the parts of the image, and of the thoughts and feelings that produced that image, was a new and provocative approach to revealing hidden feelings and thoughts. Sometimes these thoughts and feelings became available even when traditional psychotherapeutic practices had failed to disclose them. These art therapists are frequently identified as art psychotherapists

According to Levick (1986), a few art therapists continue to adhere to either the "Art as Therapy" or the "Art in Therapy" approach. Many more have become sensitive to the fact that

some people benefit more from one approach than from the other, and more often mix the two approaches. Today, the qualified art therapist is able to provide the best means of artistic expression for a particular patient, regardless of which approach is recommended.

Art therapists have learned to blend art skills with different psychological theories, and many are members of treatment teams including, psychiatrists, psychologists, social workers, to name a few (Troeger, 1992). Sometimes the art therapist is responsible only for conducting an evaluation and sharing information about the evaluation to others who are directing a course of intervention or treatment. At other times art therapists actually direct and conduct the intervention or treatment based on conclusions reached jointly with other mental health professionals (Levick, 1973).

Meanwhile, the field of art therapy has grown rapidly in the last 20 years, with the largest professional organizations and training programs in the United States, Great Britain, and Canada (Rubin, 1988). Although many practitioners work in clinical settings, almost as many work in educational settings with a substantial number of these individual coming to art therapy via art education. Today, many therapists and counselors continue to use art in the schools to prevent and remediate problems (Rubin, 1988 & Ulman, 1975).

Why and How the Art Therapist Helps

According to Rubin (1984), one of the ways in which art therapy differs form art is the importance of the relationship between the therapist and client(s). For creating art within a therapeutic relationship is different from drawing by yourself or working in a class. It is a special protected situation, where one person creates an environment, physical and psychological, in which one or more others can fully explore, expand, and understand themselves through art. In the relationship between the therapist and client, the client (the child) voluntarily exposes himself to another, and learns to look with that other person at his creative statements and at himself. Often there are few or no words, yet, being together and sharing of both process and product offer protection, validity, and permanence, to the situation, which could be otherwise, vulnerable or even fragile (Ulman, 1975).

The art therapist carries within themselves symbolic aspects, which are transferred to the client, the child. The therapist is influenced by both the transference which develops, as well as the understanding and use (Rubin, 1984). The therapist must present himself in a relatively neutral fashion. The neutrality and nonjudgemental attitude of the therapist thus allows the child to project onto the adult feelings and fantasies, in the same way that he projects onto the material in his inner world.

However, Rubin (1984) has stated that the art therapist is not and cannot be totally neutral. She continued to express that the therapists role demands certain behaviors on his part

which carries symbolic meaning and tends to influence the transference. Some examples of the therapists roles include: In giving the child materials to work with, the art therapist can be known as a "feeder", the food sometimes being experienced as good and sometimes as "not enough" or "not quite right". On the other hand, in offering messy materials in a permissive setting, the art therapist may be felt as a "seducer", inviting the child to engage in possibly "bad" forbidden experiences. In expecting the child to think for himself, the art therapist may be seen as "asking too much", while at the same time in limiting destructive uses of medium, he may be felt as mean and or restrictive. In asking questions or looking-at function, he may be known as a "prober" and "judge" and encouraging excessive "voyeurism", respectively. Further, in all of these functions, the art therapist is responded to by the child in ways that it is reflective both of the roles and of the child's reactions to them.

Kramer (1971) and Rubin (1984) have expressed that children often consider transference in art therapy through their behavior with the materials. Sometimes they will refuse to use the provided materials, if they are angry in a withholding way; and sometimes they will show anger at the adult by using media in a destructive, aggressive, or regressive manner. The continued to show that at other times, the child might even reflect their anger directly by drawing human figures of their parents or other authority figures and then scribble over the drawing and even rip the picture up all together.

Hence, it is essential to be alert to the symbolic meanings of the therapist, the relationship, and the treatment as these evolve over time, using them as a way of understanding how the child perceives and copes with his feelings (Kramer, 1971 & Rubin, 1984 & 1988).

SYNTHESIS AND ANALYSIS OF RESEARCH AND LITERATURE

Drawing is an essential part of most children's lives. According to Oppawsky (1991), Drawing is a way for children to express their ideas and fantasies about the world they live in. Children also tend to use drawings to deal with various life experiences. Thus, children's drawings are a way of exploring their environment, taking action as a result of their experiences and explorations, and coping with and mastering their surroundings.

Rhonda Kellogg (1970) wrote, child art could be used as a mental test in the sense that a group of drawings done by a child could be evaluated as "standard", "below", or "above" what is commonplace or normal at certain age levels, once such norms were set. She continued to point out that one would need to look at quantities of art work in the evaluative process.

Ferguson and Debevec (1990) designed a study to move toward the goal of establishing a tool which could identify these groups of children. The human figure has been identified as usually the first representational symbol a child attempts (Lowenfeld & Brittain, 1987). The researchers used the self-portrait which was based upon the knowledge that the self was known to the subjects.

Through the use of various tests, such as the Goodenough Draw-A-Person Test (Burns & Kaufman, 1987), the art therapist could readily screen kindergarten children in the first weeks of the school year to identify special students (Ferguson & Debevec, 1990). As these drawings were examined, the researchers

also noted other components of the drawings, the family: The number of family members, absence of a family member, inclusion of others, and the proximity to his or her parents and the expressions of the parents.

Scott Clare (1988) conducted a four year longitudinal study analyzing the drawings of a preschool boy. He included four experiments which related to the findings in the longitudinal study. The researcher concluded that patterns formed by the child's scribbling are accidents that occurred from his or her orientation to the drawing surface. This information differs from Kellogg (1970), who stated that children as young as 24 months often guide their scribbling movement so that marks fall into distinct patterns.

According to Clare (1988), past research proposed that the figure drawn the largest in children's drawings somewhat reflected the emotionality of the child toward the figure at the time of the drawing. Specifically, the D-A-P Technique emphasized size and relative sizes as a reflection of the child's emotionality. Hence, he found in his study the first figure drawn was usually the largest and as more figures were drawn there size became smaller. However, he concluded that the relative sizes of drawn figures as a reflection on the emotion of children may not be valid.

Clare (1988) also stated that the omission of the torso (often called a "tadpole") in children's drawings of humans appears to be a universal phenomenon, which remains a mystery in the child development field. Kellogg (1970) declared that the tadpole style stemmed from the child's previous work of

suns and mandalas. She also said that children omit body parts because it is more aesthetically pleasing to them. However, Clare (1988), argued this point when he discovered that the children he studied drew a torso only when it was important to them. Children drew a torso when they were asked to draw a belly button or a heart. Furthermore, Clare (1988) expressed that the tadpole figure is not an incomplete one or a reflection of the child's intellectual capacity, but instead it is a satisfactory minimal representation.

Allan and Crandal (1986), conducted a study to compare the visual imagery (i.e., the drawings) and the statements (i.e., the words used to describe the pictures) of coping and noncoping school-age children. The purpose was to learn whether there was a difference between these two groups of children. The researchers sought to determine whether the pictures and words of coping children reflect emotional health, whereas those of noncoping children signify inner turmoil. A coping child was defined as one who gets along well with the teacher and peers and shows average development mastery of learning skills. Noncoping was defined as the opposite; failure to master the work skills necessary at the child's grade level.

This study concluded that coping children tended to draw pictures that reflected very positive images. For instance the rosebush was blooming, the sun was out, and there was a positive aura present. The noncoping children drew pictures that displayed negative images, such as the rosebushes had fences all the way around them or the rosebushes were drawn

on the bottom of the page, where as the coping children drew in the center of the page.

Several researchers including Koppitz (1968) and Machover (1949), suggested that the D-A-P test will produce more data than a self-portrait. The D-A-P instruction seems to lead the child to look into himself and into his own feelings when trying to capture the essence of the person (Machover, 1949 & Koppitz, 1968).

The study of children's drawings of human figures has become a frequent means of an assessment instrument with preschool-age children. The Human Figure Drawing (HFD) is an assessment tool used for placement and treatment.

Norford and Barakat (1990) conducted a study to determine whether HFD's and a sample of four and five year old preschool children would be related to aggressive behavior in school. The 32 children were assigned to an aggressive group or a non-aggressive group, based on reliable measures. Each group was asked to draw a whole person. A single examiner administered the HFD to each of the 32 children.

The drawings were obtained on an individual basis in order to eliminate any interference from the other children in the surrounding area. The aggressive and nonaggressive children were compared in each group to find similarities. Norford and Barakat (1990) concluded that the clinicians who scored the HFD's were unable to correctly categorize the drawings of the aggressive and nonaggressive groups. The researchers of this study also expressed that the HFD is not

useful for discriminating more aggressive from less aggressive preschool-age children. Furthermore, HFD is not an appropriate diagnostic or screening instrument for use with preschool-age children, because their lack of developmental maturity in cognition and in visual-motor coordination impacts their drawing capabilities. For an example the drawings of most young children contain distortions and omissions of content features (Norford & Barakat, 1990).

Several studies by Dunleavy, Hansen, and Szasy (1981) and Roy (1987), conducted studies based on the HFD test, which appeared to produce successful results. The HFD test was explored for use as an early kindergarten predictor of a child's academic nonreadiness for the first-grade classroom. This test was chosen because it was appropriate for rapid and meaningful assessment for young children. The procedure for this study, was the same for the Norford and Barakat's (1990) study, previously discussed. The HFD test scores of the kindergarten children were combined with the Metropolitan Readiness Test (MRT) scores.

Drawings are one of the ways an individual makes an unconscious personal statement (Habenicht, 1990). They are considered projective measures, which may introduce an understanding about the child's feelings that might not surface through other assessment or counseling techniques. The family drawings and the H-T-P Techniques offer the counselor a window into the child's perception of his or her life (Burns, 1970 & Buck, 1966).

The various research findings and literature explored throughout this paper have appeared to conclude that children's drawings are essential to the physical, social-emotional, and perceptual and cognitive growth in children and their environment.

CONCLUSIONS

In art therapy, "A child does not duplicate the world, he transforms it" (Thakur, 1982). At therapy has been researched and explored as an effective means of psychoanalytic involvement for approximately 50 years. The tools of the art therapist have been limited until recently, to crayons, paints, and clay.

Buck (1966) developed the House-Tree-Person Test which aided the clinician in determining specific facts about the child, his family, and his environment. Burns and Kaufman (1970) developed a test involving kinetic figures, known as the Kinetic Family Drawing. They believed that this test added a more dynamic dimension to previously static and rigid drawings. Goodenough (1926) established another technique involving akinetic figure, known as the Draw-A-Person Test, which measured intellectual maturity.

The above mentioned techniques for analyzing children's art forms and a children's emotionality have appeared to be adequate for preschool-age children. However, Thakur (1982) has concluded that beyond the age of 12 and 13 years old art is severely limited in diagnosing or refining cognitive skills.

In addition, therapeutic work through art tends to be interesting, creative, and frequently a beautiful experience for the child and the therapist (Kramer, 1971). For many children, being able to use art materials makes counseling a

pleasurable and positive experience. Rubin (1988) stated that the addition of simple, expressive media, such as crayons, chalk, paint, and clay can expand the impact of the counselor in both depth and breadth and make the process pleasurable for both the counselor and the client.

RECOMMENDATIONS

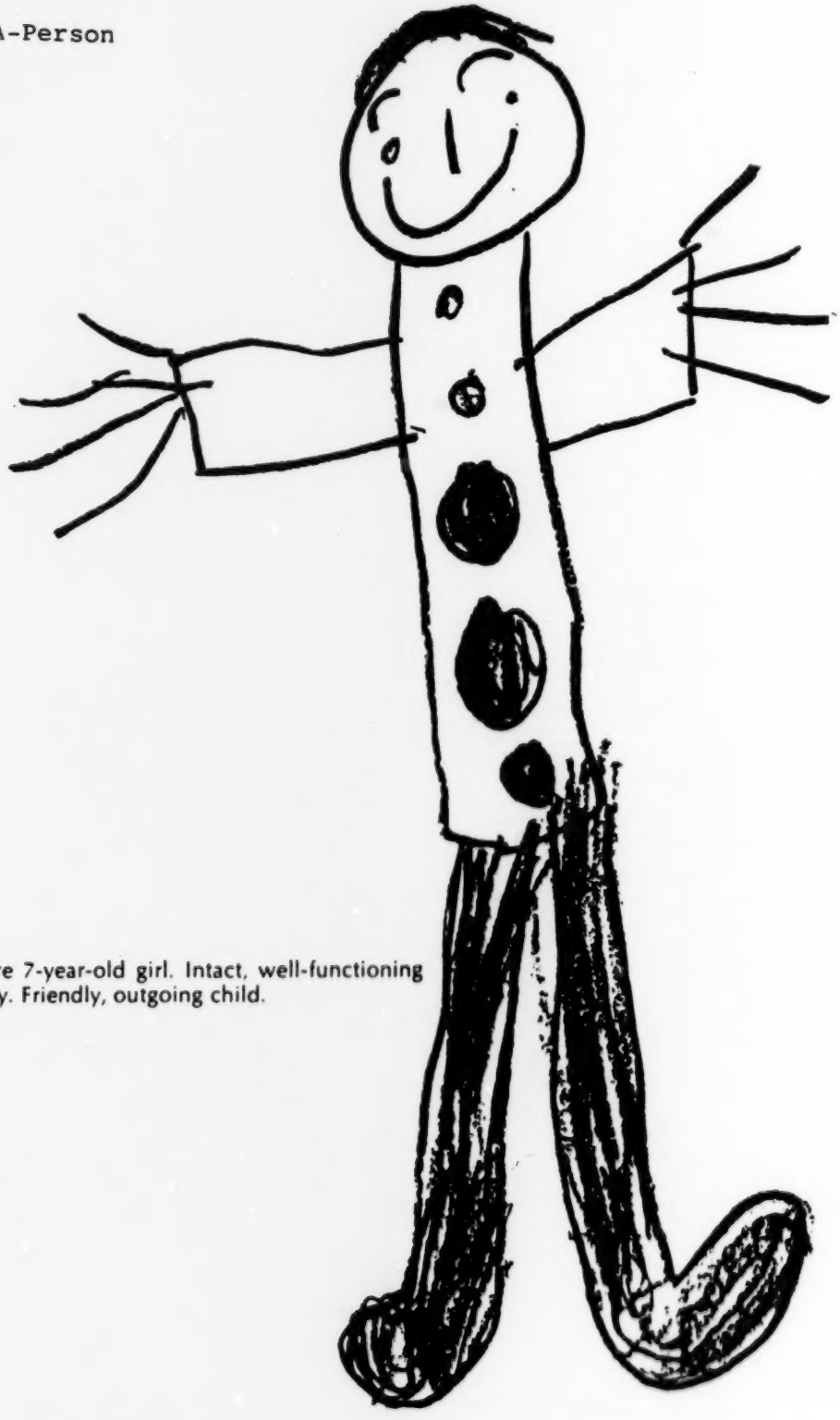
Allan and Crandal (1986) both expressed that children's drawings and words they use to describe them can give the school counselor a view into their inner world of feelings. In working with children's drawings, counselors need to help children verbalize their thoughts and feelings about the contents of the pictures. This can be done by asking the child to talk from the perspective of the image used. Examples of these images would include: An image of a rosebush (Allan & Crandal, 1986), a person or a family member (Burns & Kaufman, 1970). The image can provide a safe vehicle for children to project some of their own thoughts and feelings, and later pave the way to talk more directly about other issues and concerns.

Although projective techniques, such as the Draw-A-Family (Burns & Kaufman, 1970), the House-Tree-Person (Buck, 1966), and the Draw-A-Person (Goodenough, 1926) often produce useful information, they must be used with great caution. Counselors and therapists who are interested in these approaches should receive or seek out some specialized and supervised training.

Rubin (1988) discussed that projective drawing topics will often emerge quite naturally if the child draws often enough, and especially if the child is encouraged to "doodle". When such material emerges spontaneously, it has truly come from within and has even more personal meaning than had it been created in response to a request. Hence, requested drawings are useful information in the hands of experienced, qualified school counselors and therapists.

Furthermore, it takes many years of working with children's drawings before counselors and therapists can accurately interpret them. Thus, it is important for the counselors and therapists to experiment with the provided art materials before offering them to children. Only in this fashion can therapists experience what types of medium are like; and therefore able to fully emphasize when a child struggles through their own experimentation (Levick, 1973 & Rubin, 1984).

Draw-A-Person



Secure 7-year-old girl. Intact, well-functioning family. Friendly, outgoing child.

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